

UNITED STATES DISTRICT COURT DISTRICT OF DELAWARE

Civil Action No. 07cv408JJF

RETURN OF SERVICE BY MAIL

The party listed on the *Return Receipt Card* below was served by registered mail, return receipt requested on the dated indicated on the card:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>CLD</i> <i>Hoof</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) <i>D. HOOFNAGLE</i> </p> <p>C. Date of Delivery <i>8-1-07</i> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No </p>
<p>1. Article Addressed to:</p> <p style="text-align: center; font-weight: bold; margin-top: 20px;">WARDEN PERRY PHELPS JAMES T. VAUGHN CORRECTIONAL CENTER 1181 PADDOCK ROAD SMYRNA, DE 19977</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center; font-size: 1.2em;">7007 3020 0002 3324 6692</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	